

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000085811

Entity Name: K SWEET, INC.

FILED
Jul 19, 2005
Secretary of State

Current Principal Place of Business:

1012 E. GIBSON ST.
ARCADIA, FL 34266

New Principal Place of Business:

902 W GIBSON ST.
ARCADIA, FL 34266

Current Mailing Address:

1012 E. GIBSON ST.
ARCADIA, FL 34266

New Mailing Address:

PO BOX 1394
ARCADIA, FL 34265

FEI Number: 16-1682375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONVILLE, PATRICIA A
1012 E. GIBSON ST.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

BONVILLE, PATRICIA A
902 W GIBSON ST
ARCADIA, FL 34266 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA A BONVILLE

07/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KILLMON, THOMAS
Address: 1452 SW FLETCHER RD.
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: KILLMON, THOMAS L
Address: 260 GRAPE DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BONVILLE, PATRICIA A
Address: 1012 E. GIBSON ST.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BONVILLE

D

07/19/2005

Electronic Signature of Signing Officer or Director

Date